

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/19/2012	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure survey. This visit included the investigation of Complaint IN00107079.</p> <p>Complaint IN00107079 Unsubstantiated, due to lack of evidence.</p> <p>Survey Dates: April 16, 17, 18, 19, 2012</p> <p>Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490</p> <p>Survey Team: Linda Campbell, RN, TC Rita Mullen, RN Michelle Carter, RN</p> <p>Census Bed Type: SNF/NF: 111 SNF: 14 Total: 125</p> <p>Census Payor Type: Medicare: 18 Medicaid: 89 Other: 18 Total: 125</p> <p>Sample: 24 Supplemental Sample: 4</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed on April 23, 2012 by Bev Faulkner, R.N.						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure 2 of 24 residents reviewed were assessed and monitored for chronic health conditions. The facility failed to assess the dialysis access site for Resident #73 and failed to monitor the blood pressure and ankle measurements for Resident #93. (Residents #73 & 93)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #73 was reviewed on 4/18/12 at 2:10 P.M.</p> <p>Diagnoses for Resident #73 included, but were not limited to high blood pressure and renal failure.</p> <p>A Physician's order, dated 3/8/12, indicated the bruit (a sound of arterial origins) and thrill (a tremors heard over an artery) was to be checked every shift.</p> <p>A Care Plan, dated 3/9/12, indicated the resident was receiving dialysis and the access site was to be checked every shift</p>		F0309	<p>Please consider this plan of correction as our credible allegation of compliance to the annual survey conducted from April 16 th through April 19th of 2012. Please respectfully consider desktop review for this submitted plan of correction.</p> <p>F309 Resident #73 bruit and thrill are being checked every shift per MD orders. Resident #93 is currently receiving blood pressure checks every Tuesday per MD orders and the ankle measurement order has been discontinued due to MD order.</p> <p>All resident receiving dialysis, blood pressure checks, or in need of measurements due to concerns over weight are at potential risk from this deficient practice. All BP Checks, Dialysis access sites, and ankle measurements have been reviewed and addressed per physician orders as of 4/26/12.</p>		04/26/2012	

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	<p>for bruit and thrill.</p> <p>A Medication Administration Record (MAR), dated for March 8 through 31, 2012, indicated the resident was to have the dialysis access site checked for bruit and thrill every shift. The access site was not checked on 3/9/12 on the 10-6 shift or the 6-2 shift and 3/10/12 on the 2-10 shift. The Resident was in the hospital 3/16/12 to 3/22/12.</p> <p>A Medication Administration Record, dated for March 22 through 31, 2012, indicated the resident was to have the dialysis access site checked for bruit and thrill every shift. The access site was not checked 11 shifts out of 29.</p> <p>A Medication Administration Record, dated for April 2012, indicated the Resident was to have the dialysis access site checked for bruit and thrill every shift. The access site was not checked 3 shifts out of 54.</p> <p>2. The clinical record for Resident #93 was reviewed on 4/16/2012 at 10:30 A.M.</p> <p>Diagnoses for Resident #93 included, but were not limited to, lymphedema, diabetes mellitus type 2, cerebrovascular aneurysm, neuropathy, high blood pressure, chronic obstructive pulmonary</p>		<p>All licensed nursing has been in-serviced on 4/24 by the DNS per policy regarding dialysis access site monitoring, BP checks, and ankle measurements. All BP checks and dialysis access sites along with any measurements will be monitored daily by Unit Managers and or designee through the use of the 'Medication Administration Record'. If order not followed, immediate follow-up will occur.</p> <p>The QA tool entitled, "Assessment of Blood Pressure, Shunts, and Ankle Measurements (see attachment 1-4)", will be utilized weekly for four weekly, monthly for three months, and then quarterly for six months. If a threshold of 95% is not met an action plan will be developed. The DNS, ADNS, and or designee will be responsible for the implementation and monitoring of the CQI tool.</p> <p>Completion date: 4/26/2012.</p>				

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	<p>disease, chronic kidney disease, right-sided hemiparesis, peripheral arterial disease, and congestive heart failure.</p> <p>A physician's order, dated 1/19/2012, indicated "BP (blood pressure) checks every Tuesday." The following Tuesday dates were highlighted without documentation in the MAR (Medication Administration Record), nurses notes or vital signs: 1/24, 1/31, 2/14, 2//21, 2/28, 3/6, 3/20, 3/27, and 4/10/12.</p> <p>During an interview with Unit Manager #1, on 4/19/12 at 10:30 A.M., she said vital signs were documented on the MAR or in the Matrix electronic medical records system. No documentation of blood pressure's were noted on the previously indicated dates.</p> <p>A physician's order (date not stated) on the February 2012 MAR (medication administration record) indicated "Measure ankles every week on Fridays in the same spot for edema". The following Friday dates were highlighted without documentation in the MAR: 2/3, 2/10, 2/17, 2/24/2012. There was no documentation of ankle measurements in the February nursing notes for Resident #93.</p>						

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	<p>During an interview with Unit Manager #1, on 4/19/12 at 10:30 A.M., she did not indicate she could provide other documentation of ankle measurements for Resident #93.</p> <p>3.1-37(a)</p>						